

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

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DEBBY MENDEZ,

Plaintiff,

v.

AMERICAN GENERAL LIFE  
INSURANCE COMPANY,

Defendant.

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:  
:  
:  
: Civil Action No. 09-cv-01155  
:  
:

: **CERTIFICATION OF MICHAEL**  
: **SEPANSKI IN SUPPORT OF**  
: **DEFENDANT'S MOTION FOR**  
: **SUMMARY JUDGMENT**  
:

: **FILED ELECTRONICALLY**  
:  
:

1. My name is Michael Sepanski. I am over the age of 18 and am fully competent to make this certification. The facts contained within the certification are within my personal knowledge and are true and correct.

2. I have been employed by American General Life Companies for 14 years. My current position is American General Life Insurance Company's ("American General") Vice President for Customer Service. In my capacity as Vice President for Customer Service, I have

managerial responsibility for American General Life Insurance Company's reinstatement department. From my years working at American General, I am familiar with the record keeping procedures employed by the company.

3. The policy in this case insuring the life of Jorge Mendez was only reinstated only after written application, production of evidence of insurability satisfactory to the Company's underwriters, and the payment of all premiums in arrears.

4. American General maintains records in a system called Automated Work Distribution or AWD. Once scanned into the AWD system, the documents cannot be altered and are available for viewing by those individuals in the company with permission to view the document.

5. The documents attached to this certification as Exhibits A, B, and C are maintained in the AWD system. Each exhibit was made at or near the time reflected by, or from information transmitted by, a person with knowledge. Each of the exhibits was kept in the course of American General's regularly conducted business activity. It is American General's regular practice of its business to make the records attached to this certification.

6. Exhibit A is a true and correct copy of correspondence addressed to Jorge Mendez dated May 2, 2007 that was sent by the

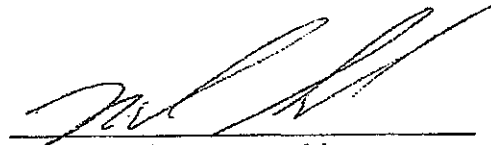
reinstatement department on or about May 2, 2007. Accompanying the letter was a complete copy of the reinstatement application as reflected by the letter.

7. Exhibit B is a true and correct copy of correspondence received by American General on May 8, 2007 that attached a part of the reinstatement application.

8. Exhibit C is a true copy of a correspondence sent by certified mail to American General and which was received on May 18, 2007, a Friday. The first and second pages are a check in the amount of \$1,408.39 made payable to "American General Life Ins." The payor is listed as "A Ace Painting, Inc.;" the memorandum line references "Jorge Mendez YM00399650," Mr. Mendez's policy number; and the signature reads Debby Mendez. The third page is a copy of a May 10, 2007 letter sent to Mr. Mendez asking for payment of the premiums and informing him that the reinstatement could not be completed until receipt of the premiums. The last page shows the receipt date of May 18, 2007, the certified mail tracking number, and the routing of the correspondence.

9. The funds represented by the check referenced in paragraph 8 were available to be applied to Policy YM00399650 on May 24, 2007 and the reinstatement was completed that day."

I certify under penalty of perjury that the foregoing is true and correct. Executed at Springfield, Illinois on 1 March, 2010.

  
Michael Sepanski

# **EXHIBIT A**



*Insurance Service Center for:*

*American General Life  
Insurance Company*

May 02, 2007

JORGE MENDEZ  
42 MAPLE STREET  
CHATHAM NJ 07928-1933

Contract Number: YM00399650  
Insured: JORGE MENDEZ  
Contract Owner: JORGE MENDEZ

Dear JORGE MENDEZ :

We received your request to change or reinstate the above contract.

We are unable to complete your request until such time as the item(s) below have been resolved:

- Question # 4 on Page 2, Section II - B - must be answered.
- Please use ink then initial and date your changes.

We appreciate the confidence you have shown in us and we thank you for your business. If you have any questions, please contact our Customer Service Center.

Sincerely,

CUSTOMER SERVICE CENTER

TAK

Application Enclosed

2097

American General Life Insurance Company  
Member of American International Group, Inc.  
Service Center • P.O. Box 4373 • Houston, TX 77210-4373 • 1.800.487.5433 • Fax 713.431.3023

AGL

EX-A

AGLIC 000118

# **EXHIBIT B**

MAY/08/2007/TUE 10:34 AM FINANCIAL GROUP

FAX No. 9738127768

P. 001

**-Fax Transmission**

***PGA Financial Group***

1680 Route 23 North, Suite 310

Wayne, NJ 07470

Phone: 973.812.7788 Fax: 973.812.7768

**From: Victoria Orofino**

**Date: May 8, 2007**

**To: Customer Service**

**Fax # 713-831-3028**

**Number of Pages (including cover page): 4**

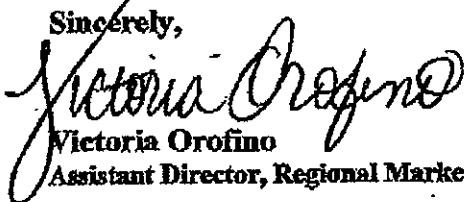
**RE: Mendez / YM00399650**

**To Whom It May Concern:**

**To follow please find the information you requested to re-instate this policy. Please process accordingly, thanks**

**Please feel free to call with any questions.**

**Sincerely,**



**Victoria Orofino**

**Assistant Director, Regional Marketing**

Ex B



MAY/08/2007/TUE 10:34 AM FINANCIAL GROUP

FAX No. 9738127768

P. 002

May 07 2007 15:28 INSURANCE PLANNING CONSUL 19739949264

P-2

Service Cntr 5/7/07 8:32 PAGE 2/2 RightFax



Insurance Service Center for

American General Life  
Insurance Company

May 02, 2007

JORGE MENDEZ  
42 MAPLE STREET  
CHATHAM NJ 07928-1933

Contact Number: YM00399630  
Insured: JORGE MENDEZ  
Contact Owner: JORGE MENDEZ

Dear JORGE MENDEZ:

We received your request to change or reinstate the above contract.

We are unable to complete your request until each time as the item(s) below have been resolved:

- Question # 4 on Page 2, Section II - B - must be answered.
- Please use ink then initial and date your change.

We appreciate the confidence you have shown in us and we thank you for your business. If you have any questions, please contact our Customer Service Center.

Sincerely,

CUSTOMER SERVICE CENTER

TAK

Application Enclosed

2097

ACK

American General Life Insurance Company  
Member of American International Group, Inc.  
Service Center • P.O. Box 4373 • Tinsboro, TX 77220-4373 • 1.800.487.1433 • Fax 713.403.3526

MAY/08/2007/TUE 10:34 AM FINANCIAL GROUP

FAX No. 9738127768

P.003

May 07 2007 15:18 INSURANCE PLANNING CONSUL 19739949264

P.2

APR/26/2007/THU 03:11 PM FINANCIAL GROUP

FAX No. 9738127768

P.002

Apr 26 2007 13:30 INSURANCE PLANNING CONSUL 19739949264 P.3

Apr 17 2007 13:07 INSURANCE PLANNING CONSUL 19739949264 P.2

**AMERICAN  
GENERAL**Maintenance or Production of  
Franklin State Application For Life Insurance  
May January Version

☒ American General Life Insurance Company, Houston, TX  
☐ The United States Life Insurance Company in the City of New York, New York, NY (New York Residents)  
 Signature of Agent: [Signature]  
 P.O. Box 678 - Houston, TX 77210-6778

The insurance company checked above is solely responsible for the obligation and payment of benefits under any policy I may issue.  
 No other company shown is responsible for such obligations or payments.  
 The purchaser has taken reading this form. He must answer all questions that pertain to your request. Provide details for any  
 conditions mentioned "Yes". Personally sign and date. If a separate page is used to complete the insurance, attach to this page and  
 sign and date this separate page. Carefully read the attached Notice of Information Privileges and keep with your policy.

Policy Number: YM 00399650 Insured Name: Jorge Mendez

☒ Independent or ☐ Agent of Franklin State

SECTION 1 - PERSONAL INFORMATION

A. PRIMARY INSURED

Name: Jorge Mendez Social Security #: 2477  
 Birthplace (city, country): Buenos Aires, Argentina Date of Birth: 15C Apr 52  
 U.S. citizen: ☒ Yes ☐ No If no, date of entry: 1983  
 Address: P.O. Box 678, 42 Broadway, New York, NY 10007 Apt. #: 5792E  
 Home Phone: (973) 635-1207 Work Phone: (973) 635-5533  
 Email address: N/A  
 Employer: A-10 PRINTABLE, Inc. Occupation: Partner  
 Length of Employment: 2 years Date: Partner  
 Personal Income \$: 145,000 Household Income \$: 225,000 Net Worth \$: 90,000

B. OTHER INFORMATION

☒ Primary Insured ☐ Other Insured ☐ Trust ☐ Someone other than insured or trust  
 Complete if other than the primary insured is named. If contingent interest is required, see Special Remarks section.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

☐ Check back if new address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If owner is a trust, please designate information for the Name, Title, Current Address and Date of Trust in the Special Remarks section.

C. OTHER INFORMATION: Please add information for all additional insureds

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Sex: ☐ M ☐ F  
 Birthplace (city, country): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 U.S. citizen: ☐ Yes ☐ No If no, date of entry: \_\_\_\_\_ Visa type: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Length of Employment: \_\_\_\_\_ Date: \_\_\_\_\_  
 Personal Income \$: \_\_\_\_\_ Household Income \$: \_\_\_\_\_ Net Worth \$: \_\_\_\_\_

ACKNOWLEDGE

Page 1 of 2

04/27/2007 14:46 0695159 5236



# **EXHIBIT C**


SECURITY CHECKED DOCUMENT. See back for details.

**A ACE PAINTING, INC.**  
42 MAPLE ST.  
CHATHAM, NJ 07928

10342

DATE 5/14/07

PAY TO THE ORDER OF American General Life Ins \$ 1408.39  
Fourteen hundred eight + 39 DOLLARS  
100

 **HUDSON CITY**  
SAVINGS BANK  
340 Main St.  
Madison, NJ 07940

FOR Jorge Mendez YM00399650

0654 50

15

Ex. C

**FOR DEPOSIT ONLY**

- ☐ AMERICAN GENERAL LIFE
- ☐ AL LIFE ASSUR. INS. CO.
- ☐ AIG LIFE INS. CO.
- ☐ AIG PUERTO RICO
- ☐ DELAWARE AMERICAN
- ☐ PACIFIC UNION
- ☐ UNITED STATES LIFE, NY

(b)



**AMERICAN  
GENERAL**

*Insurance Service Center for:*

**American General Life  
Insurance Company**

May 10, 2007

**JORGE MENDEZ  
42 MAPLE ST  
CHATHAM NJ 07928-1933**

Contract Number: YM00399650  
Insured: JORGE MENDEZ  
Contract Owner: JORGE MENDEZ

Dear JORGE MENDEZ:

Thank you for your recent Policy Change Application. Our Underwriting Department has approved your application. Unfortunately, we are unable to complete the process. Please remit an additional \$1,408.39 which will pay premiums to August 06, 2007. Return your check to our Service Center in the enclosed envelope before May 25, 2007. Once all requirements have been received, your application will be processed. If no response is received, your case will be closed and we will promptly refund any monies due under separate cover.

If you would like to have the policy placed on a Bank Draft Arrangement, an authorization is required to establish an electronic premium withdrawal from your bank account. An EFT form is being sent to you under separate cover.

We appreciate the confidence you have shown in us and we thank you for your business. If you have any questions or need additional assistance, please contact your servicing agent or our Customer Service Center.

Thank You.

**CUSTOMER SERVICE CENTER**

cc: 97067  
OFF84

23Q7

**American General Life Insurance Company**

*Member of American International Group, Inc.*

Service Center • P.O. Box 4373 • Houston, TX 77210-4373 • 1.800.487.5433 • Fax 713.831.3028

AGL

05/18/2007 15:19 0019220 7188

05/18/2007 15:19 0019220 7189



FLR: 2ND MSC: B-F4 POS

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

FROM: USPS  
CRRR: USPS  
TRK#: 7607022000374850518  
RCVD: 5/18/07 08:46

TO: POS  
PH: 2458  
MSC: B-F4  
PCS: 1



ACTIVE FOR MAILING